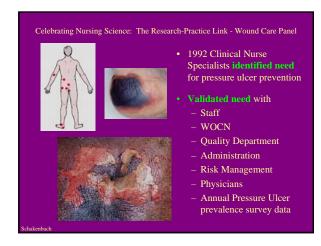
# **Celebrating Nursing Science:** The Research-Practice Link

**Wound Care Panel** 



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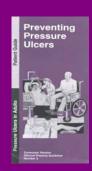




# What should 'we' do???

- Professional organizations
- National/proprietary databases
- Phone calls/e-mails
- Are there current standards?
- Do any research reports have questions relevant to our needs?

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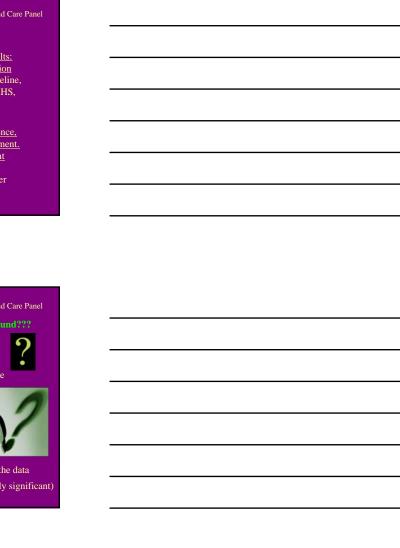
- Pressure Ulcers in Adults: Prediction and Prevention (Clinical Practice Guideline, May 1992, US Dept. HHS, AHCPR [nowAHRQ])
- Pressure Ulcers: Incidence, economics, risk assessment.  $\underline{Consensus\ development}$ conference statement (National Pressure Ulcer Advisory Panel, 1989)

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# Should we use the research literature we found???

- Research question relevant
- Literature review/reference list 'current'
- Number of subjects and sampling procedure
- Characteristics of subjects
- Characteristics of facility
- Protocol logical for research question
- Tools reliable and valid
- Resources available
- Conclusions and discussion correlate with the data
- Results clinically significant (vs. statistically significant)



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#### What did we learn from the literature??'

• Perform systematic risk assessment and reassessment at periodic intervals



- Research determined validity and reliability of the Braden Scale
- Research identified the Braden Scale was:
  - best performed by RNs
  - easy to gather the data and complete the tool
  - quick (< 1 minute/patient)</pre>
  - easy math (user friendly)
- Braden Scale literature primarily long-term care





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### Question:

- Are the benefits of the change worth the costs to
  - patient
  - family
  - staff
  - expenditure on other resources (equipment, supplies, personnel)?

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# What has research demonstrated over time?

Bergstrom, N., Braden, B., Kemp, M., Champagne, M., & Ruby, E. (1996). Multisite study of incidence of pressure ulcers and the relationship between risk level, demographic characteristics, diagnoses, and prescription of preventing interventions. <u>Journal of the American Geriatric Society</u>, 44. 22-30.

- Risk assessment with the Braden Scale good predictive value
- Braden Scale assists with identification of patient interventions
- Tertiary care facilities studied
- 100% sensitivity (!); 64-90% specificity
- Pressure ulcer distribution described



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Bergstrom, N., Braden, B., Champagne, M., Kemp, M., & Ruby, E. (1998).

Predicting pressure ulcer risk: A multisite study of the predictive validity of the Braden Scale. <a href="Mursing Research"><u>Nursing Research</u></a>, 47 (5). 261-269.

- Assess patients on admission
- Re-assess at 48-72 hours
- Best sensitivity of assessment: 48-72 hours after admission
- Validated score of 18 cutoff for patients at low risk for pressure ulcer development
- Identified pressure ulcer developed Day 11 (mean)
- Formal risk assessments  $\rightarrow$  best use of resources





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# What has research demonstrated over time?

Bergstrom, N., & Braden, B.J. (2002). Predictive validity of the Braden Scale among black and white subjects. <a href="Nursing Research">Nursing Research</a>, 51 (6). 398-403.

Braden Scale score cutoff of 18 valid for both black and white patients





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## Translation into practice:

- Awareness of trends provides a preview of possible practice changes
- Access research reports
- Evaluate quality of research
- Evaluate 'fit' of research to practice situation
- Develop co-champions
- Develop the plan: implement, evaluate, maintain, continue to improve & advance practice/patient care
- Keep asking WHY???

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